

FOR THE
CALENDAR YEAR _____

MAIL TO: CITY OF TROY
INCOME TAX DEPARTMENT
100 S. MARKET STREET
TROY, OH 45373 - For Assistance Call 339-3861

CITY OF TROY – INCOME TAX RETURN

FISCAL PERIOD _____ TO _____

TAX FORM DUE ON OR BEFORE APRIL 15 OR THE 15TH DAY OF THE 4TH MONTH FROM END OF FISCAL YEAR.
70% PAYMENT DUE JANUARY 31ST TO AVOID PENALTY AND INTEREST
FILING REQUIRED EVEN IF NO TAX DUE

NAME & ADDRESS

IF NAME OR
ADDRESS IS
INCORRECT,
MAKE
NECESSARY
CHANGES

Residency Status (✓ one)

☐ Resident ☐ Non-Resident ☐ Partial Year Resident From _____ To _____

IF RENTING A RESIDENCE, GIVE NAME AND ADDRESS OF OWNER

Filing Status (✓ one)

☐ Single ☐ Married Filing Joint ☐ Married Filing Separate

SOC. SEC. NO. (TAXPAYER)		SOC. SEC. NO. (SPOUSE)	
FED. I.D. NO.			

NOTE 1. This return must be submitted by every Troy resident 18 years of age and older.
NOTE 2. Any taxpayer attaching a copy of the Federal Return and Schedules, where applicable, need not complete Page 2 (except Schedule Y when Line 8B of Page 1 is used).

1. GROSS WAGES, SALARIES, TIPS, AND OTHER COMPENSATION (Usually this is box 5 from the W-2) ATTACH ALL W-2S ____
Employed entire year all employers? Yes ☐ No ☐ If no, attach explanation

2. INCOME OTHER THAN WAGES FROM PAGE 2 (See note 2) _____

3. TOTAL INCOME (Total Lines 1 and 2 **OR** Federal Taxable Income per attached Federal Return Form 1120, line 28; Form 1120S, Schedule K, Line 18; Form 1120A, Line 24; Form 1065, Page 4, Line1) ____

4. Subtract Employee Business Expense Federal Form 2106 (must be attached with 1040 & Schedule A) ____

5. Subtract 1/2 Self Employment Tax and Self Employed Health Insurance Deduction (1040 must be attached) and Moving Expense Federal Form 3903 (must be attached with 1040) _____

6. Total Income for taxpayers allowed the above deduction _____

7. A. ADD ITEMS NOT DEDUCTIBLE (From Line M Schedule X) _____

B. SUBTRACT ITEMS NOT TAXABLE (From Line Z Schedule X) _____

8. A. TOTAL ADJUSTED NET INCOME IF SCHEDULE X IS USED. LOSS CARRYOVERS ARE NOT PERMITTED _____

B. AMOUNT ALLOCABLE TO TROY IF SCHEDULE Y, PAGE 2 IS USED ____ % of Line 8A _____

9. AMOUNT SUBJECT TO TROY INCOME TAX (Line 1 or Line 3 or Line 6 or Line 8A or Line 8B) _____

10. TROY INCOME TAX 1.75% _____

11. CREDITS: (A) TROY Tax withheld by employer(s) _____

(B) Payments and Credits on Declaration of Estimated Tax _____

(C) Earned income taxes paid City of _____ (See Instructions for line 11C) _____

(X) TOTAL CREDITS ALLOWABLE _____

12. A. BALANCE DUE (line 10 less line 11X) (Do not pay amounts less than \$1) _____

B. PENALTY _____ INTEREST _____ LATE FILING FEE _____

13. TOTAL OF LINE 12A & 12B AMOUNTS (Remittance payable to the City of Troy must accompany this form). _____

14. OVERPAYMENT CLAIMED (If Line 11X exceeds Line 10, enter difference here) _____

(Amounts for less than \$1 will not be refunded)

Enter Amount of Line 14 you want CREDITED to your Estimated Tax _____

REFUNDED _____

MUST ATTACH W2s

DECLARATION OF ESTIMATED TROY INCOME TAX

PERIOD _____ 20 _____ TO _____ 20 _____

15. Estimated income subject to Troy Tax _____

16. Estimated Tax Due: 1.75% of Line 15 _____

17. Less: Troy Tax to be withheld and/or tax paid to

another city _____

18. Balance of estimated Troy Tax Due _____

19. Credits _____

20. Net Troy Tax Due (Line 18 less Line 19) _____

21. Amount paid (not less than 22.5% of line 18) less credits _____

22. Balance of Tax payable _____

(Payable in equal installments for each calendar quarter, see instructions)

THE UNDERSIGNED DECLARES THAT THIS RETURN (AND ACCOMPANYING SCHEDULES) IS A TRUE, CORRECT AND COMPLETE RETURN FOR THE TAXABLE PERIOD STATED AND THAT THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES.

MAY THE TAX OFFICE DISCUSS THIS RETURN WITH PREPARER SHOWN BELOW? ☐ YES ☐ NO

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER _____ DATE _____

DAYTIME PHONE # _____

EMAIL & FAX # _____

SIGNATURE OF TAXPAYER OR AGENT _____

DATE _____

SIGNATURE OF SPOUSE _____

DATE _____

DAYTIME PHONE # _____

EMAIL & FAX # _____

Do not use this page if your only source of income is from wages.

ATTENTION ALL BUSINESSES

Page 2

Do you use subcontract labor to perform work in this municipality? Yes ☐ No ☐

If yes, please attach copies of 1099s.

If deductions for "RENTS PAID" or "MANAGEMENT FEES" is taken, please list:

Paid to _____

Address _____ Phone # _____

Are any employees leased in the year covered by this return? Yes ☐ No ☐

If yes, please provide the name, address and FID number of the leasing company

SCHEDULE C — PROFIT (Or Loss) FROM BUSINESS OR PROFESSION

Business Name and Address _____

NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (ATTACH FEDERAL SCHEDULE C) _____

SCHEDULE E — INCOME FROM RENTS (If not included in Schedule C) (Attach Federal Schedule E or statement explaining columns 3, 4 and 5)

1. Kind & Location of Property	2. Amount of Rent	3. Depreciation	4. Repairs	5. Other Expenses	6. Net Income (or Loss)

TOTAL INCOME (or Loss) SCHEDULE E

SCHEDULE H — OTHER INCOME NOT INCLUDED IN SCHEDULES C or E (Do not list interest or dividends) ORDINARY INCOME FORM 4797

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS, FEES, ETC.

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

TOTAL INCOME SCHEDULE H

TOTAL SCHEDULES C, E, & H, ENTER ON LINE 2, PAGE 1

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN AS REQUIRED BY ORC SECTION 718

Do not use this schedule unless you begin on line 3 of page 1 with your Federal Taxable Income. Not for individuals.

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE
A. Federally deducted losses from IRC 1221 or 1231 property dispositions _____		N. Capital gains (IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250) _____
B. Five percent of intangible income reported in letter O except that from IRC 1221 property dispositions _____		O. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income _____
C. City or State income taxes _____		P. Not previously deducted IRC Section 179 expense _____
D. Guaranteed payment or accruals to or for current or former partners or members _____		Q. State & Local Refunds _____
E. Federally deducted dividends, distribution, or amounts set aside for, credited to, or distributed to REIT or RIC investors _____		R. Other income exempt from TROY Tax (Explain) _____
F. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corp entities _____		
G. Other expenses not deductible (Explain) _____		
M. TOTAL ADDITIONS (Enter as Line 7A, page 1) _____		Z. TOTAL DEDUCTIONS (Enter as Line 7B, Page 1) _____

SCHEDULE Y — BUSINESS ALLOCATION FORMULA

A. Located Everywhere B. Located in Troy C. Percentage (B-A)

Step 1: Average original costs of real and tangible personal property _____			XXXXXXXXXXXXXXXXXX
Gross annual rentals multiplied by 8 _____			XXXXXXXXXXXXXXXXXX
Total Step 1 _____			
Step 2: Gross receipts from sales made and work and services performed _____			
Step 3: Total wages, salaries, commissions and other compensation of all employees _____			
Total percentages _____			
Step 5: Average percentage (Divide total percentages by number of percentages used — carry to Line 8B — Page 1) _____			

SCHEDULE Z — PARTNER'S DISTRIBUTIVE SHARES OF NET INCOME (From Federal Schedule 1065K and 1099)

All partnerships required to file as entities with the City of Troy must attach ALL of the federal schedules detailing the partners' distributive shares (Federal Schedule K and K-1).